

City of Coon Rapids Mechanical Permit Application

OFFICE USE ONLY

Job Site Address: _____ Permit # _____

Project Valuation: \$ _____ The Applicant is: _____ Owner and Occupant _____ Contractor
(must include material and labor costs)

Property Owner

Name: _____ Contact Person: _____

Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____ Cell: _____

Contractor

Name: _____ Contact Person: _____

Address: _____

Phone: _____ Cell: _____ Contractor License#: _____

Email _____ Fax _____

Residential

- New Remodel
 Replace/Repair Other: _____

- | | |
|--------------------------------|-----------------------------|
| ___ Air Conditioner - type: | ___ HRV/ERV |
| ___ central ___ ductless/split | ___ In-floor Heat/Hydronics |
| ___ Bath Fan | ___ Kitchen Hood |
| ___ Chimney/Flue | ___ Space/Unit Heater |
| ___ Ductwork/Ventilation | ___ Hot Water Boiler |
| ___ Fireplace (Gas) | ___ Wood Burning Unit |
| ___ Furnace | ___ Other (specify): _____ |
| ___ Gas Piping Openings | |

Commercial

- New Remodel
 Replace/Repair Other: _____

- | | |
|--------------------------------|-------------------------------|
| ___ Air Conditioner | ___ HRV/ERV |
| ___ Bath Fan/PRV | ___ In-floor Heat/Hydronics |
| ___ Boiler Steam/Hot Water | ___ Kitchen Hood: Type: _____ |
| ___ Ductwork/Ventilation | ___ Refrigeration |
| ___ Fireplace (Gas/Wood) | ___ Roof Top Unit |
| ___ Fire Dampers/Smoke Dampers | ___ Space/Unit Heater |
| ___ Furnace | ___ Other (specify): _____ |
| ___ Gas Opening | |

REQUIRED Description of Work: _____

Permit becomes void if work does not begin within 180 days or is suspended at any time for over 180 days. Permits issued and Inspections made by the City are a public service and do not constitute any representation, guarantee, or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Coon Rapids.

Periodic and/or a final inspection of this work are required by the Minnesota State Building Code. It is the responsibility of the applicant to call the Coon Rapids Inspections Division at 763-767-6476 to schedule an inspection.

Applicant's Printed Name _____

Applicant's Signature _____ Date _____